



Medical Benefits		Plan A	Plan B	Plan C	Plan D
Annual Deductible:	Individual, In-Network	\$400	\$800	\$2,000	\$4,000
	Family, In-Network	\$800	\$1,600	\$4,000	\$8,000
	Individual, Out-of-Network	\$800	\$1,600	\$4,000	\$8,000
	Family, Out-of-Network	\$1,600	\$3,200	\$8,000	\$16,000
Annual Out-of-Pocket Maximum: (after deductible)	Individual, In-Network	\$2,000	\$2,500	\$3,000	\$5,000
	Family, In-Network	\$4,000	\$5,000	\$6,000	\$10,000
	Individual, Out-of-Network	\$4,000	\$5,000	\$6,000	\$10,000
	Family, Out-of-Network	\$8,000	\$10,000	\$12,000	\$20,000
Annual Benefit Maximum Per Member		\$200,000	\$200,000	\$200,000	\$200,000

Prescription Drug Benefits		Plan A	Plan B	Plan C	Plan D
Annual Deductible:	Individual	\$200	\$400	\$1,000	\$2,000
	Family	\$400	\$800	\$2,000	\$4,000
Annual Out-of-Pocket Maximum: (after deductible)	Individual	\$2,000	\$2,000	\$2,000	\$2,000
	Family	\$4,000	\$4,000	\$4,000	\$4,000
Annual Benefit Maximum Per Member		\$25,000	\$25,000	\$25,000	\$25,000

Lifetime Benefit Maximum Per Member – All Benefits	\$1 million	\$1 million	\$1 million	\$1 million
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Note: Some enrollees will be subject to a 6-month waiting period for pre-existing conditions before claims for services related to their health condition will be paid by the plan.

Annual deductibles and maximums are based on a Plan Year, which begins July 1 and ends June 30 of the following year.

This is a summary of benefits provided by AccessWV and other limitations of coverage apply. Full coverage details are provided in AccessWV's Policy with members.

AccessWV Summary of Benefits – Partial Listing of Covered Services Cost to Member

Physician Services	In-Network, WV	In-Network, Non-WV**	Out-of-Network**
Adult routine physical exams (including prostate & gyn exam with pap smear) (for office visit, other services additional)	\$10 copay	30% coinsurance*	40% coinsurance*
Diagnostic x-ray, lab and testing	20% coinsurance*	30% coinsurance*	40% coinsurance*
Screening Mammogram	\$0, Covered in full	30% coinsurance*	40% coinsurance*
Physician inpatient visits	20% coinsurance*	30% coinsurance*	40% coinsurance*
Physician office visits – primary care	\$15 copay	30% coinsurance*	40% coinsurance*
Physician office visits – specialty care	\$15 copay	30% coinsurance*	40% coinsurance*
Prenatal care (Routine care only)	\$0, Covered in full	30% coinsurance*	40% coinsurance*
Second surgical opinion	\$15 copay (no copay if required by AccessWV)	30% coinsurance*	40% coinsurance*
Well child exams and immunizations	\$0, Covered in full	\$0, Covered in full	\$0, Covered in full

Inpatient Services	In-Network, WV	In-Network, Non-WV**	Out-of-Network**
Semiprivate room; ancillaries; therapy services, x-ray, lab, surgery related, and general nursing care	20% coinsurance*	30% coinsurance*	\$500 copay + 40% coinsurance*
Maternity care (delivery)	20% coinsurance*	30% coinsurance*	\$500 copay + 40% coinsurance*
Rehabilitation Facility (150 day limit per member per plan year)	20% coinsurance*	30% coinsurance*	\$500 copay + 40% coinsurance*
Skilled Nursing Facility (100 day limit per member per plan year)	20% coinsurance*	30% coinsurance*	\$500 copay + 40% coinsurance*

Hospital Outpatient Services	In-Network, WV	In-Network, Non-WV**	Out-of-Network**
Ambulatory/outpatient surgery	\$50 copay + 20% coinsurance*	\$75 copay + 30% coinsurance*	\$100 copay + 40% coinsurance*
Preadmission testing	20% coinsurance*	30% coinsurance*	40% coinsurance*

Mental Health & Chemical Dependency Benefits	In-Network, WV	In-Network, Non-WV**	Out-of-Network**
Outpatient chemical dependency & mental health (20 visit limit per member per plan year)	20% coinsurance*	30% coinsurance*	40% coinsurance*
Inpatient mental health and chemical dependency (30 day limit per member per plan year)	20% coinsurance*	30% coinsurance*	\$500 copay + 40% coinsurance*
Inpatient detoxification	20% coinsurance*	30% coinsurance*	\$500 copay + 40% coinsurance*

Other Services	In-Network, WV	In-Network, Non WV**	Out-of-Network**
Allergy testing and treatment	20% coinsurance*	30% coinsurance*	40% coinsurance*
Cardiac and pulmonary rehabilitation (36 session limit per member per plan year)	20% coinsurance*	30% coinsurance*	40% coinsurance*
Dental Services – accident related	20% coinsurance*	30% coinsurance*	40% coinsurance*
Diabetic supplies	Covered under prescription drug plan	Covered under prescription drug plan	Covered under prescription drug plan
Durable Medical Equipment (DME)	20% coinsurance*	30% coinsurance*	40% coinsurance*

*Medical deductible applies, if not already met.

** **Prior Authorization Requirement for Out-of-State Services:** To qualify for the coverage shown, services received from "In-Network, Non-WV providers" or "Out-of-Network" providers must receive prior authorization from AccessWV. Without prior authorization, a penalty will apply. This requirement does not apply to Emergency Care.

AccessWV Summary of Benefits – Partial Listing of Covered Services
Cost to Member

Other Services	In-Network, WV	In-Network, Non WV**	Out-of-Network**
Home health services & supplies	20% coinsurance*	30% coinsurance*	40% coinsurance*
Hospice	20% coinsurance*	30% coinsurance*	40% coinsurance*
Medical supplies	20% coinsurance*	30% coinsurance*	40% coinsurance*
Outpatient Therapies (20 visits combined limit per member per plan year)	20% coinsurance*	30% coinsurance*	40% coinsurance*
Prosthetics	20% coinsurance*	30% coinsurance*	40% coinsurance*
Radiation and chemotherapy	20% coinsurance*	30% coinsurance*	40% coinsurance*

Emergency Care	In-Network, WV	In-Network, Non WV	Out-of-Network
Emergency ambulance (Medically necessary)	20% coinsurance*	30% coinsurance*	40% coinsurance*
Emergency services (Certified as an emergency)	\$25 copay + 20% coinsurance*	\$25 copay + 20% coinsurance*	\$25 copay + 20% coinsurance*
Emergency room treatment (Non-emergency)	\$50 copay + 20% coinsurance*	\$50 copay + 30% coinsurance*	\$50 copay + 40% coinsurance*
Urgent Care	20% coinsurance*	30% coinsurance*	40% coinsurance*

Special Benefit	In-Network, WV & In-Network, Non-WV (not available in WV)	In-Network, Non WV (if available in WV)**	Out-of-Network**
Transplants	20% coinsurance*	\$7,500 additional deductible + 30% coinsurance*	\$10,000 additional deductible + 40% coinsurance*
Transplant related transportation and lodging	\$0 up to \$5,000* then member pays all	Member pays all expenses	Member pays all expenses

*Medical deductible applies, if not already met.
** **Prior Authorization Requirement for Out-of-State Services:** To qualify for the coverage shown, services received from “In-Network, Non-WV providers” or “Out-of-Network” providers must receive prior authorization from AccessWV. Without prior authorization, a penalty will apply. This requirement does not apply to Emergency Care.

Prescription Drugs (Preferred Drug List with Mandatory Generics)		
Cost to Member (After Pharmacy Deductible)		
	In-Network	Out-of-Network
Generic	\$ 5	\$5 + \$3 Out-of-Network copay
Formulary brand necessary	\$15	\$15 + \$3 Out-of-Network copay
Brand requested by patient	\$5 + full cost difference from generic	\$5 + \$3 Out-of-Network copay+ full cost difference from generic
Non-Formulary	\$50	\$50 + \$3 Out-of-Network copay
Maintenance medication discount	90-day supply for 2 months copay in mail order program or Retail Maintenance Network. (Some restrictions may apply)	No discount available

SUMMARY OF BENEFITS



Offering individual health insurance coverage to West Virginians who have pre-existing, severe or chronic medical conditions.



P.O. Box 50540, Charleston, WV 25305-0540
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